

| | | | |
|---------------------------------|--|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i> | <i>PERR-125510286</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>AXIS Insurance Company</i> | <i>State Tracking Number:</i> | <i>#101887 \$50</i> |
| <i>Company Tracking Number:</i> | <i>AXIS-CA-AR-08-01-F</i> | | |
| <i>TOI:</i> | <i>20.0 Commercial Auto</i> | <i>Sub-TOI:</i> | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i> | <i>AXIS-CA-AR-08-01-F</i> | | |
| <i>Project Name/Number:</i> | <i>AXIS-CA-AR-08-01-F/AXIS-CA-AR-08-01-F</i> | | |

Filing at a Glance

| | | |
|--|-------------------------------|---|
| Company: AXIS Insurance Company | SERFF Tr Num: PERR-125510286 | State: Arkansas |
| Product Name: AXIS-CA-AR-08-01-F | SERFF Status: Closed | State Tr Num: #101887 \$50 |
| TOI: 20.0 Commercial Auto | Co Tr Num: AXIS-CA-AR-08-01-F | State Status: Fees verified and received |
| Sub-TOI: 20.0001 Business Auto | | |
| Filing Type: Form | Co Status: | Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding |
| | Author: Laura Jennette | Disposition Date: 03/06/2008 |
| | Date Submitted: 02/27/2008 | Disposition Status: Approved |
| Effective Date Requested (New): 03/15/2008 | | Effective Date (New): 03/15/2008 |
| Effective Date Requested (Renewal): | | Effective Date (Renewal): |
| State Filing Description: | | |

General Information

| | |
|---|---------------------------------------|
| Project Name: AXIS-CA-AR-08-01-F | Status of Filing in Domicile: Pending |
| Project Number: AXIS-CA-AR-08-01-F | Domicile Status Comments: |
| Reference Organization: | Reference Number: |
| Reference Title: | Advisory Org. Circular: |
| Filing Status Changed: 03/06/2008 | |
| State Status Changed: 02/29/2008 | Deemer Date: |
| Corresponding Filing Tracking Number: N/A | |
| Filing Description: | |
| On behalf of AXIS Insurance Company ("the Company"), we are introducing two independent and two ACORD declarations forms for your review. | |

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we

| | | | |
|--------------------------|---------------------------------------|------------------------|-----------------------|
| SERFF Tracking Number: | PERR-125510286 | State: | Arkansas |
| Filing Company: | AXIS Insurance Company | State Tracking Number: | #101887 \$50 |
| Company Tracking Number: | AXIS-CA-AR-08-01-F | | |
| TOI: | 20.0 Commercial Auto | Sub-TOI: | 20.0001 Business Auto |
| Product Name: | AXIS-CA-AR-08-01-F | | |
| Project Name/Number: | AXIS-CA-AR-08-01-F/AXIS-CA-AR-08-01-F | | |

receive it.

We respectfully request that this filing be implemented on March 15, 2008.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

| | |
|---------------------------------------|------------------------|
| Laura Jennette, State Filings Analyst | doi@perrknight.com |
| 881 Alma Real Drive Suite 205 | (310) 230-9339 [Phone] |
| Pacific Palisades, CA 90272 | |

Filing Company Information

| | | |
|-----------------------------|----------------------------|-----------------------------|
| AXIS Insurance Company | CoCode: 37273 | State of Domicile: Illinois |
| 11680 Great Oaks Way | Group Code: 3416 | Company Type: |
| Ste. 500 | | |
| Alpharetta, GA 30022 | Group Name: AXIS Specialty | State ID Number: |
| | Limited | |
| (678) 746-9423 ext. [Phone] | FEIN Number: 39-1338397 | |
| | ----- | |

Filing Fees

| | |
|------------------|---------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------|--------|----------------|---------------|
| AXIS Insurance Company | \$0.00 | 02/27/2008 | |

| | | | |
|---------------------------------|--|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i> | <i>PERR-125510286</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>AXIS Insurance Company</i> | <i>State Tracking Number:</i> | <i>#101887 \$50</i> |
| <i>Company Tracking Number:</i> | <i>AXIS-CA-AR-08-01-F</i> | | |
| <i>TOI:</i> | <i>20.0 Commercial Auto</i> | <i>Sub-TOI:</i> | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i> | <i>AXIS-CA-AR-08-01-F</i> | | |
| <i>Project Name/Number:</i> | <i>AXIS-CA-AR-08-01-F/AXIS-CA-AR-08-01-F</i> | | |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 101887 | \$50.00 | 02/21/2008 |

| | | | |
|--------------------------|---------------------------------------|------------------------|-----------------------|
| SERFF Tracking Number: | PERR-125510286 | State: | Arkansas |
| Filing Company: | AXIS Insurance Company | State Tracking Number: | #101887 \$50 |
| Company Tracking Number: | AXIS-CA-AR-08-01-F | | |
| TOI: | 20.0 Commercial Auto | Sub-TOI: | 20.0001 Business Auto |
| Product Name: | AXIS-CA-AR-08-01-F | | |
| Project Name/Number: | AXIS-CA-AR-08-01-F/AXIS-CA-AR-08-01-F | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------------|------------|----------------|
| Approved | Llyweyia Rawlins | 03/06/2008 | 03/06/2008 |

| | | | |
|---------------------------------|--|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i> | <i>PERR-125510286</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>AXIS Insurance Company</i> | <i>State Tracking Number:</i> | <i>#101887 \$50</i> |
| <i>Company Tracking Number:</i> | <i>AXIS-CA-AR-08-01-F</i> | | |
| <i>TOI:</i> | <i>20.0 Commercial Auto</i> | <i>Sub-TOI:</i> | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i> | <i>AXIS-CA-AR-08-01-F</i> | | |
| <i>Project Name/Number:</i> | <i>AXIS-CA-AR-08-01-F/AXIS-CA-AR-08-01-F</i> | | |

Disposition

Disposition Date: 03/06/2008
Effective Date (New): 03/15/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

| | | | |
|--------------------------|---------------------------------------|------------------------|-----------------------|
| SERFF Tracking Number: | PERR-125510286 | State: | Arkansas |
| Filing Company: | AXIS Insurance Company | State Tracking Number: | #101887 \$50 |
| Company Tracking Number: | AXIS-CA-AR-08-01-F | | |
| TOI: | 20.0 Commercial Auto | Sub-TOI: | 20.0001 Business Auto |
| Product Name: | AXIS-CA-AR-08-01-F | | |
| Project Name/Number: | AXIS-CA-AR-08-01-F/AXIS-CA-AR-08-01-F | | |

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Approved | Yes |
| Supporting Document | Letter of Authorization | Approved | Yes |
| Form | Business Auto Declarations | Approved | Yes |
| Form | Common Policy Declarations | Approved | Yes |
| Form | Commercial Auto Driver Information Schedule | Approved | Yes |
| Form | Vehicle Schedule | Approved | Yes |

SERFF Tracking Number: PERR-125510286 State: Arkansas

Filing Company: AXIS Insurance Company State Tracking Number: #101887 \$50

Company Tracking Number: AXIS-CA-AR-08-01-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: AXIS-CA-AR-08-01-F

Project Name/Number: AXIS-CA-AR-08-01-F/AXIS-CA-AR-08-01-F

Form Schedule

| Review Status | Form Name | Form # | Edition Date | Form Type Action | Action Specific Data | Readability | Attachment |
|---------------|---|------------|--------------|---------------------------|----------------------|-------------|----------------------------|
| Approved | Business Auto Declarations | BA DEC0001 | 02/08 | Declaration News/Schedule | | 0.00 | Comm Auto Declarations.pdf |
| Approved | Common Policy Declarations | CO DEC0001 | 02/08 | Declaration News/Schedule | | 0.00 | Common Policy Dec Page.pdf |
| Approved | Commercial Auto Driver Information Schedule | ACORD 163 | 2000/11 | Declaration News/Schedule | | 0.00 | ACORD Auto Driver Info.pdf |
| Approved | Vehicle Schedule | ACORD 129 | 2003/08 | Declaration News/Schedule | | 0.00 | ACORD Vehicle Schedule.pdf |



BUSINESS AUTO DECLARATIONS

Policy Number:

ITEM ONE – SCHEDULE OF COVERAGES AND COVERED AUTOS

This Coverage Part provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those “autos” shown as covered “autos.” “Autos” are shown as covered “autos” for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

| COVERAGES | COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos) | LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS | PREMIUM |
|---|--|---|---|
| Liability | | \$ | \$ |
| Personal Injury Protection (P.I.P.) ** | | Separately Stated In Each P.I.P. Endorsement Minus \$ deductible | \$ |
| Added Personal Injury Protection (or equivalent Added No-Fault coverage) | | Separately Stated In Each Added P.I.P. Endorsement. | \$ |
| Property Protection Insurance (MI Only) | | Separately Stated In Each P.P.I. Endorsement Minus \$ deductible For Each “Accident” | \$ |
| “Auto” Medical Payments | | \$ | \$ |
| Medical Expense And Income Loss Benefits (VA Only) | | Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement. Medical Expense Benefits \$_____ Each Person Income Loss Benefits \$N/A Each Person | \$ |
| Uninsured Motorists (UM) | | \$ | \$ |
| Underinsured Motorists (when not included in UM Cov.) | | \$ | \$ |
| P H D Y A S M I A C G A E L | Comprehensive Coverage | Actual Cash Value Or Cost Of | \$ Deductible For Each Covered “Auto”, But No Deductible Applies To “Loss” Caused By Fire Or Lightning. *** |
| | Specified Causes Of Loss Coverage | Repair, Which ever Is Less Minus | \$25. Deductible For Each Covered “Auto”, For “Loss” Caused By Mischief or Vandalism. *** |
| | Collision Coverage | | \$ Deductible For Each Covered “Auto” *** |
| | Towing and Labor (not available in California) | | \$ for each disablement of a private passenger “auto.” |
| Forms and endorsements applying to this coverage part and made a part of this policy at time of issuance: See schedule of forms and endorsements. | | | Premium For Endorsements: \$ |
| | | | *ESTIMATED TOTAL PREMIUM: \$ |

*This policy may be subject to final audit
 ** (or equivalent No-Fault cov.) .
 See ITEM TWO – SCHEDULE OF COVERED AUTOS YOU OWN

***See ITEM THREE for hired or borrowed “autos.”

ITEM TWO – SCHEDULE OF COVERED AUTOS YOU OWN

| Covered Auto No. | DESCRIPTION | PURCHASED | | TERRITORY |
|------------------|--|----------------------|---|---|
| | Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN) | Original Cost New | Actual Cost & NEW (N) USED (U) | Town & State Where The Covered Auto Will Be Principally Garaged |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Covered Auto No. | CLASSIFICATION | | | | | | | EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss. | |
|---------------------|---------------------------|--|--|--------------|-----------------------------|--------------|-------------------------------|---|------|
| | Radius Of Operation | Business Use s=service r=retail c=commercial | Size GVW, GCW Or Vehicle Seating Capacity | Age Group | Primary Rating Factor | | Secondary Rating Factor | | Code |
| | | | | | Liab. | Phy. Dam. | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Covered Auto No. | COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.) | | | | | |
|--------------------------|--|---------|---|---------|--|---------|
| | LIABILITY | | PERSONAL INJURY PROTECTION/ADDED P.I.P. | | PROPERTY PROTECTION INSURANCE (MI ONLY) | |
| | Limit | Premium | Limit Stated In Each P.I.P. End. Minus Deductible Shown Below | Premium | Limit | Premium |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Premium | | | | | | |

| Covered Auto No. | COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.) | | | | | |
|--------------------------|--|---------|--|---------|---------------------------|---------|
| | AUTO MEDICAL PAYMENTS | | MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VA ONLY) | | UNDERINSURED MOTORISTS | |
| | Limit | Premium | Limit Stated In Each Med. Exp. and Inc. Loss Ben. End. For Each Person | Premium | Limit | Premium |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Premium | | | | | | |

| Covered Auto No. | COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.) | | | | | |
|--------------------------|--|---------|--|---------|-----------------------------|---------|
| | UNINSURED MOTORISTS | | COMPREHENSIVE | | SPECIFIED CAUSES OF LOSS | |
| | Limit | Premium | Limit Stated In ITEM TWO Minus Deductible Shown Below | Premium | Limit Stated In ITEM TWO | Premium |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Premium | | | | | | N/A |

| Covered Auto No. | COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.) | | | |
|--------------------------|--|---------|--------------------------|---------|
| | COLLISION | | TOWING & LABOR | |
| | Limit Stated In ITEM TWO Minus Deductible Shown Below | Premium | Limit Per Disablement | Premium |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Premium | | | | |

ITEM THREE – SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS.
LIABILITY COVERAGE – RATING BASIS, COST OF HIRE

| STATE | ESTIMATED COST OF HIRE FOR EACH STATE | RATE FOR EACH \$100 COST OF HIRE | FACTOR (If Liability Coverage is Primary) | PREMIUM |
|-------|---------------------------------------|----------------------------------|---|---------|
| | | | | \$ |
| | | | TOTAL PREMIUM | \$ |

Cost of hire means the total amount you incur for the hire of “autos” you don’t own (not including “autos” you borrow or rent from your partners or “employees” or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

| PHYSICAL DAMAGE COVERAGE | | | | | |
|--------------------------------|--|---|-----------------------------|--|---------|
| COVERAGES | LIMIT OF INSURANCE THE MOST WE WILL PAY, DEDUCTIBLE | | Est. Annual Cost of Hire | Rate Per Each \$100 Annual Cost of Hire | PREMIUM |
| Comprehensive | Actual Cash Value Or Cost Of Repair, | \$ Whichever is Less, Minus \$ Deductible For Each Covered “Auto” But No Deductible Applies to “Loss” Caused By Fire Or Lightning | | | \$ |
| Specified Causes of Loss | | \$ Whichever Is Less, Minus \$ Deductible For Each Covered “Auto” For “Loss” Caused By Mischief Or Vandalism. | | | |
| Collision | | \$ Whichever Is Less, Minus \$ Deductible For Each Covered “Auto”. | | | \$ |
| | | | TOTAL PREMIUM | | \$ |

ITEM FOUR – SCHEDULE FOR NON-OWNERSHIP LIABILITY

| NAMED INSURED'S BUSINESS | RATING BASIS | NUMBER | PREMIUM |
|------------------------------------|----------------------|--------|---------|
| Other Than A Social Service Agency | Number of Employees | | \$ |
| | Number of Partners | N/A | N/A |
| Social Service Agency | Number of Employees | N/A | N/A |
| | Number of Volunteers | N/A | N/A |
| TOTAL PREMIUM | | | \$ |

ITEM FIVE – SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS-LIABILITY COVERAGE-PUBLIC AUTO OR LEASING RENTAL CONCERNS:

| Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage | RATES | | | | PREMIUMS | | | |
|---|---|-----------------------------|--|--|-----------|-----------------------------|--|--|
| | <input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile | | | | | | | |
| | LIABILITY | AUTO MEDICAL PAYMENTS | MEDICAL EXPENSE BENEFITS (VA. Only) | INCOME LOSS BENEFITS (VA. Only) | LIABILITY | AUTO MEDICAL PAYMENTS | MEDICAL EXPENSE BENEFITS (VA. Only) | INCOME LOSS BENEFITS (VA. Only) |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| When used as a premium basis: | | TOTAL PREMIUMS: | | | N/A | N/A | N/A | N/A |
| | | Minimum Premiums | | | N/A | N/A | N/A | N/A |

FOR PUBLIC AUTOS
 Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under ICC or PUC permits.
- B. Advertising Revenue
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS
 Gross receipts means the total amount to which you are entitled for the leasing or rental of “autos” during the policy period and includes taxes except those taxes you collect as a separate item and remit directly to a governmental division.
 Mileage means the total live and dead mileage developed by all the “autos” you leased or rented to others during the policy period.



COMMON POLICY DECLARATIONS

| | |
|--|-------------------------------|
| Policy Number: | |
| Renewal of: | |
| Axis Insurance Company 303 West Madison, Suite 500, Chicago, IL, 60606 | |
| NAMED INSURED AND MAILING ADDRESS | AGENT NAME AND ADDRESS |
| | |
| AGENT NO. | |
| POLICY PERIOD FROM: TO: AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE. | |
| BUSINESS DESCRIPTION: | |
| FORM OF BUSINESS: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____ | |
| IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY. | |
| THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. WHERE NO PREMIUM IS SHOWN, THERE IS NO COVERAGE. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT. | |
| COVERAGE PART(S) Commercial Property Coverage Part Commercial General Liability Coverage Part Commercial Crime Coverage Part Commercial Inland Marine Coverage Part Commercial Auto (Business or Truckers) Coverage Part Commercial Garage Coverage Part Terrorism Premium Tax or Surcharge | PREMIUM |
| TOTAL | |
| FORMS AND ENDORSEMENTS FORM(S) AND ENDORSEMENT(S) MADE A PART OF THE POLICY AT TIME OF ISSUE: SEE SCHEDULE OF FORMS AND ENDORSEMENTS | |

Countersigned:

Date: _____ By: _____
Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Issued by:

ACORDTM VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

| | | | | | | | | |
|--------------------|--------------------------|--|------------------------------------|----------------------|----------------|-----------------|----------------------------|--------------|
| AGENCY | PHONE (A/C, No, Ext): | | APPLICANT (First Named Insured) | | | | | |
| | FAX (A/C, No): | | | | | | | |
| | CODE: | | SUB CODE: | | EFFECTIVE DATE | EXPIRATION DATE | DIRECT BILL AGENCY BILL | PAYMENT PLAN |
| AGENCY CUSTOMER ID | | | | FOR COMPANY USE ONLY | | | | |

VEHICLE DESCRIPTION

| VEH # | YEAR | MAKE: | MODEL: | BODY TYPE: | V.I.N.: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | |
|--------------------------------|----------|---------|-----------------|----------------|----------------|--------------|------|------------|-------------|---------------|---------|-------------|---------------|
| | | | | | | PP | SPEC | COML | | \$ | | | |
| CITY, STATE, ZIP WHERE GARAGED | | | | LIC STATE | TERR | GVW/GCW | | CLASS | SIC | FACTOR | SEAT CP | RADIUS | FARTHEST TERM |
| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L | |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL | |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | | |

| VEH # | YEAR | MAKE: | MODEL: | BODY TYPE: | V.I.N.: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | |
|--------------------------------|----------|---------|-----------------|----------------|----------------|--------------|------|------------|-------------|---------------|---------|-------------|---------------|
| | | | | | | PP | SPEC | COML | | \$ | | | |
| CITY, STATE, ZIP WHERE GARAGED | | | | LIC STATE | TERR | GVW/GCW | | CLASS | SIC | FACTOR | SEAT CP | RADIUS | FARTHEST TERM |
| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L | |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL | |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | | |

| VEH # | YEAR | MAKE: | MODEL: | BODY TYPE: | V.I.N.: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | |
|--------------------------------|----------|---------|-----------------|----------------|----------------|--------------|------|------------|-------------|---------------|---------|-------------|---------------|
| | | | | | | PP | SPEC | COML | | \$ | | | |
| CITY, STATE, ZIP WHERE GARAGED | | | | LIC STATE | TERR | GVW/GCW | | CLASS | SIC | FACTOR | SEAT CP | RADIUS | FARTHEST TERM |
| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L | |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL | |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | | |

| VEH # | YEAR | MAKE: | MODEL: | BODY TYPE: | V.I.N.: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | |
|--------------------------------|----------|---------|-----------------|----------------|----------------|--------------|------|------------|-------------|---------------|---------|-------------|---------------|
| | | | | | | PP | SPEC | COML | | \$ | | | |
| CITY, STATE, ZIP WHERE GARAGED | | | | LIC STATE | TERR | GVW/GCW | | CLASS | SIC | FACTOR | SEAT CP | RADIUS | FARTHEST TERM |
| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L | |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL | |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | | |

| VEH # | YEAR | MAKE: | MODEL: | BODY TYPE: | V.I.N.: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | |
|--------------------------------|----------|---------|-----------------|----------------|----------------|--------------|------|------------|-------------|---------------|---------|-------------|---------------|
| | | | | | | PP | SPEC | COML | | \$ | | | |
| CITY, STATE, ZIP WHERE GARAGED | | | | LIC STATE | TERR | GVW/GCW | | CLASS | SIC | FACTOR | SEAT CP | RADIUS | FARTHEST TERM |
| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L | |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL | |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | | |

| VEH # | YEAR | MAKE: | MODEL: | BODY TYPE: | V.I.N.: | VEHICLE TYPE | | | SYM/AGE | COST NEW | | | |
|--------------------------------|----------|---------|-----------------|----------------|----------------|--------------|------|------------|-------------|---------------|---------|-------------|---------------|
| | | | | | | PP | SPEC | COML | | \$ | | | |
| CITY, STATE, ZIP WHERE GARAGED | | | | LIC STATE | TERR | GVW/GCW | | CLASS | SIC | FACTOR | SEAT CP | RADIUS | FARTHEST TERM |
| DRIVE TO WORK/SCHOOL | USE | COMM'L | CHECK COVERAGES | ADD'L NO-FAULT | UNDRINS MOTOR | F | LSP | RENT REIMB | DEDUCTIBLES | ACV | COMP | SPEC C OF L | |
| < 15 MILES | PLEASURE | RETAIL | LIAB | MED PAY | TOWING & LABOR | FT | COMP | FG | AA | ST AMT | \$ | | |
| 15 MILES + | FARM | SERVICE | NO-FAULT | UNINS MOTOR | SPEC C OF L | FTW | COLL | | \$ | | \$ | COLL | |
| NET VEH DR/CR: | | | | | | | | | | TOTAL PREM \$ | | | |

| | | | |
|---------------------------------|--|-------------------------------|------------------------------|
| <i>SERFF Tracking Number:</i> | <i>PERR-125510286</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>AXIS Insurance Company</i> | <i>State Tracking Number:</i> | <i>#101887 \$50</i> |
| <i>Company Tracking Number:</i> | <i>AXIS-CA-AR-08-01-F</i> | | |
| <i>TOI:</i> | <i>20.0 Commercial Auto</i> | <i>Sub-TOI:</i> | <i>20.0001 Business Auto</i> |
| <i>Product Name:</i> | <i>AXIS-CA-AR-08-01-F</i> | | |
| <i>Project Name/Number:</i> | <i>AXIS-CA-AR-08-01-F/AXIS-CA-AR-08-01-F</i> | | |

Rate Information

Rate data does NOT apply to filing.

| | | | |
|--------------------------|---------------------------------------|------------------------|-----------------------|
| SERFF Tracking Number: | PERR-125510286 | State: | Arkansas |
| Filing Company: | AXIS Insurance Company | State Tracking Number: | #101887 \$50 |
| Company Tracking Number: | AXIS-CA-AR-08-01-F | | |
| TOI: | 20.0 Commercial Auto | Sub-TOI: | 20.0001 Business Auto |
| Product Name: | AXIS-CA-AR-08-01-F | | |
| Project Name/Number: | AXIS-CA-AR-08-01-F/AXIS-CA-AR-08-01-F | | |

Supporting Document Schedules

| | | | | |
|-------------------------|--|-----------------------|----------|------------|
| Satisfied -Name: | Uniform Transmittal Document-Property & Casualty | Review Status: | Approved | 03/06/2008 |
|-------------------------|--|-----------------------|----------|------------|

Comments:

Attachments:

2007 NAIC FFS.pdf
2007 NAIC PCTD.pdf

| | | | | |
|-------------------------|-------------------------|-----------------------|----------|------------|
| Satisfied -Name: | Letter of Authorization | Review Status: | Approved | 03/06/2008 |
|-------------------------|-------------------------|-----------------------|----------|------------|

Comments:

Attachment:

AIC P&K Filing Authorization Letter.pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

| | | | | | |
|-----------|---|--|---|--|---|
| 1. | This filing transmittal is part of Company Tracking # | | AXIS-CA-AR-08-01-F | | |
| 2. | This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable) | | N/A | | |
| 3. | Form Name /Description/Synopsis | Form # Include edition date | Replacement or Withdrawn? | If replacement, give form # it replaces | Previous state filing number, if required by state |
| 01 | Business Auto Declarations | BA DEC0001 (02/08) | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
| 02 | Common Policy Declarations | CO DEC0001 (02/08) | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
| 03 | Commercial Auto Driver Information Schedule | ACORD 163 (2000/11) | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
| 04 | Vehicle Schedule | ACORD 129 (2003/08) | <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither | | |
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Property & Casualty Transmittal Document


| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------|--|-------------|--|-----------------|--|---------------------------------------|--|------------------------------|--|--------------|--|------------------|--|--------------------|--|--------------------|--|------------------|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table> | a. Date the filing is received: | | b. Analyst: | | c. Disposition: | | d. Date of disposition of the filing: | | e. Effective date of filing: | | New Business | | Renewal Business | | f. State Filing #: | | g. SERFF Filing #: | | h. Subject Codes | |
| a. Date the filing is received: | | | | | | | | | | | | | | | | | | | | | |
| b. Analyst: | | | | | | | | | | | | | | | | | | | | | |
| c. Disposition: | | | | | | | | | | | | | | | | | | | | | |
| d. Date of disposition of the filing: | | | | | | | | | | | | | | | | | | | | | |
| e. Effective date of filing: | | | | | | | | | | | | | | | | | | | | | |
| New Business | | | | | | | | | | | | | | | | | | | | | |
| Renewal Business | | | | | | | | | | | | | | | | | | | | | |
| f. State Filing #: | | | | | | | | | | | | | | | | | | | | | |
| g. SERFF Filing #: | | | | | | | | | | | | | | | | | | | | | |
| h. Subject Codes | | | | | | | | | | | | | | | | | | | | | |

| | |
|----------------------|---------------------|
| 3. Group Name | Group NAIC # |
| AXIS U.S. Insurance | 3416 |

| | | | | |
|---------------------------|-----------------|---------------|---------------|----------------|
| 4. Company Name(s) | Domicile | NAIC # | FEIN # | State # |
| AXIS Insurance Company | IL | 3416-37273 | 39-1338397 | |

| | |
|-----------------------------------|---------------------------|
| 5. Company Tracking Number | AXIS-CA-AR-08-01-F |
|-----------------------------------|---------------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. | Name and address | Title | Telephone #s | FAX # | e-mail |
|----|---|--------------------------|---|--------------|--------------------|
| | Laura Jennette 881 Alma Real Drive Suite 205 Pacific Palisades, CA 90272 | State Filings Analyst | 888-201-5123 x109 | 310-230-8529 | doi@perrknight.com |
| 7. | Signature of authorized filer | |  | | |
| 8. | Please print name of authorized filer | | Laura Jennette | | |

Filing information (see General Instructions for descriptions of these fields)

| | |
|--|--|
| 9. Type of Insurance (TOI) | 20.0 Commercial Auto |
| 10. Sub-Type of Insurance (Sub-TOI) | 20.0001 Business Auto |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| 14. Effective Date(s) Requested | New: 03/15/2008 Renewal: N/A |
| 15. Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Reference Organization (if applicable) | N/A |
| 17. Reference Organization # & Title | N/A |
| 18. Company's Date of Filing | 02/27/2008 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

| | |
|--|--------------------|
| 20. This filing transmittal is part of Company Tracking # | AXIS-CA-AR-08-01-F |
|--|--------------------|

| |
|--|
| 21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |
|--|

On behalf of AXIS Insurance Company ("the Company"), we are introducing two independent and two ACORD declarations forms for your review.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

We respectfully request that this filing be implemented on March 15, 2008.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

| |
|---|
| 22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|---|

Check #: 101887

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



January 18, 2008

Re: AXIS Insurance Company
NAIC Number 3416-37273, FEIN 39-1338397

To Whom It May Concern:

Perr&Knight is hereby authorized to submit rate, rule, form filings on behalf of **AXIS Insurance Company**. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed to be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight at the following address:

State Filings Department
Perr&Knight
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Phone: (310) 230-9339
Fax: (310) 230-8529

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in black ink, appearing to read "Dave Clark", with a stylized, flowing script.

Dave Clark, CPCU, ARe
Vice President
Underwriting Compliance
Telephone: (678) 746-9423
Fax: (678) 746-9317
Email: Dave.Clark@axiscapital.com